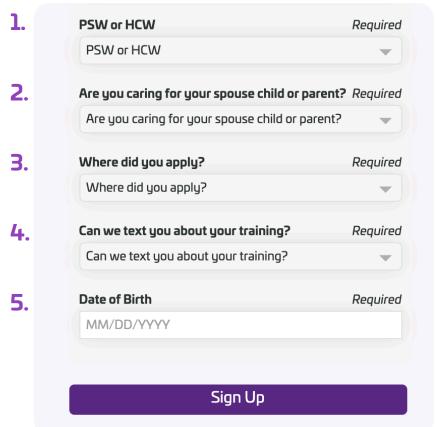
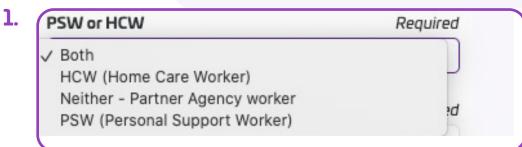
Preferred Language Registration Form Info

When you register in a language other than English, some of the fields on the registration form may still appear in English. Please see the information below to help choose what you select. If you need further assistance registering with Carewell, please call 1-844-503-7348 or email CarewellSEIU503Training@RISEpartnership.com.

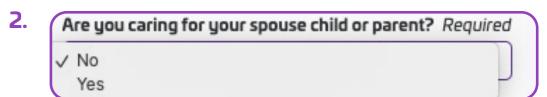




PSW or HCW

- Both
- HCW (Home Care Worker)
- Neither Partner Agency worker
- PSW (Personal Support Worker)





Are you caring for your spouse, child or parent?

- No
- Yes
- Where did you apply? Required

 ✓ (---) N/A I don't remember (---)

 Albany AAA

 Asian Health and Service Center

 Baker City APD

 Baker City OPI

 Beaverton APD

Where did you apply?

- (---) N/A I don't remember (---)
- Choose the name of the office that you applied at. Select "(---) N/A I don't remember (---)" if you are unsure where you applied.
- Can we text you about your training? Required
 ✓ No, please do not send text messages to my phone.
 Yes, you can send text messages to my phone.

Can we text you about your training?

- No, please do not send text messages to my phone.
- Yes, you can send text messages to my phone.
- Date of Birth Required

 MM/DD/YYYY

Date of Birth

• Enter in your date of birth in MM/DD/YYYY format.

